

State of Delaware
Dental Plans and Vision Plan
Premiums (Rates) Effective July 1, 2018

Dominion National HMO Select Dental Plan		Delta Dental PPO Plus Premier Plan		EyeMed Vision Care Plan	
Coverage Level	Pensioner Pays Per Month	Coverage Level	Pensioner Pays Per Month	Coverage Level	Pensioner Pays Per Month
Individual	\$24.52	Individual	\$35.86	Individual	\$6.46
Individual & Spouse	\$45.62	Individual & Spouse	\$73.18	Individual & Spouse	\$10.20
Individual & Child(ren)	\$49.16	Individual & Child(ren)	\$71.84	Individual & Child(ren)	\$10.40
Family	\$66.76	Family	\$119.88	Family	\$16.78